

The architecture of workplace HIV and AIDS programming interventions in Zimbabwe Stock Exchange-listed Companies in Harare Province

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ABSTRACT: *The exploratory study sought to establish the state of workplace HIV and AIDS programming interventions in Zimbabwe by assessing the extent to which Zimbabwe Stock Exchange-listed Companies in Harare Province complied with International Labor Organization conventions, guidelines, principles as well as provisions of Statutory Instrument 202 of 1998 compelling all Corporate entities to develop and implement comprehensive workplace HIV and AIDS programming interventions. Mandatory workplace HIV and AIDS interventions (WHAs) were introduced to mitigate the pandemic effects on the most productive population aged between 24 and 49 years infected and affected by HIV and AIDS. An eclectic methodology combining triangulation of informants, methods, techniques, data collection instruments and data presentation tools was adopted. A cross-section of study informants including Company Executives, Human Resource Management practitioners, Workplace HIV programme Focal persons, Peer Educators and Employees constituted the study sample frame of 465 elements. A number of research measurement variables including considering existence of evidence indicating level of corporate policy awareness, management commitment, operational capacities, resource prioritization/availability, mainstreaming and integration activities, leveraging synergies, supporting institutions, enabling policy frames, integrated programming monitoring and evaluation systems, sufficient government incentives. The study concluded that Workplace HIV and AIDS Interventions (WHAs) were generally weak, fragmented, underfunded and underdeveloped. Most workplace programming interventions were poorly designed, coordinated and managed. The study attributed this gloomy to factors including non-integration of WHAs as a business case, apparent absence of senior management commitment, low priority given to employee welfare support in the deployment of corporate resources, adverse effects of a shrinking national economy, technical capacity deficiencies, downplaying the essence of leveraging synergies, flagrant disregard of programme implementation guidelines, benchmark standards and conventional management success factors.*

Keyword: Workplace HIV interventions, employee health, welfare, wellness, productivity and longevity.

I. Introduction

The paper shares research findings of a study recently undertaken to explore the state of workplace HIV and AIDS programming interventions in Zimbabwe Stock Exchange (ZSE) listed Companies based in Harare Province.

The problems related to workplace HIV and AIDS have been quite pronounced in the country since 1990s. HIV pandemic adverse effects on employee welfare and business profits margins is globally well researched and documented. Locally, several business publications and public information domains have carried HIV and AIDS stories in some great detail such that the country has almost 100% level of public awareness of its basic facts. A multi-sector HIV response was adopted as part of on-going approaches and strategies to combating and mitigating the epidemic of monumental proportion that has since been given national disaster status (NAC, 2004) [1]

The Zimbabwe National AIDS Council estimates that 17% of Zimbabwean workers live with HIV and AIDS with 13% of the Harare workforce living the virus. Government compels all employers to comply with Statutory Instrument 202 of 1998 to implement workplace HIV and AIDS interventions. The workplace policy frame is supported by programming interventions of limited scope that are characterized by underfunding, limited scope, coverage and policy unawareness. Harare-based employers, through the Zimbabwe Business Council of AIDS (ZBCA) responded to this legislative requirement on HIV and AIDS by initiating largely limited interventions across the

main thematic focus areas of the national response programme to HIV and AIDS.

With the HIV and AIDS pandemic mainly affecting the working population in Zimbabwe, many business entities joined concerted national structured efforts in the fight against the pandemic threatening to decimate the most productive segment of the labor market in diverse ways including prevention, care, support and mitigation. The NAC 2010 national baseline survey however noted that less than 15% of companies with comprehensive workplace HIV and AIDS programming interventions were listed on the Zimbabwe stock exchange and that most companies implement token or surface workplace interventions. The baseline survey observations also confirmed ZBCA indications suggesting that very few Company Executives were committed to and confident of implementing comprehensive workplace HIV and AIDS interventions.

While most underperforming business entities attribute introduction of token workplace HIV interventions to many national economic challenges, there is merit in undertaking a management practice audit in investigating and assessing the management performance status in the implementation of workplace HIV interventions in Harare, the Zimbabwean capital that is home to many of the ZSE listed Companies.

Very few studies have, for example, been done to ascertain employer commitment to the application, compliance and prioritization of good programming management practices feasibility of the Statutory Instrument given the current

economic hardship threatening business viability and this study is an effort to fill the identified knowledge gap.

Empirical evidence across different sectors suggest flawed application of the corporate wellness principles; advocacy issues from Trade Unions (employee-representative platforms) have recently been emphasizing upgrading the status of workplace HIV and AIDS programming issues to Works Council negotiations rather than relegating the issues to social responsibility programming choices. The research and academic community in Zimbabwe has been accused of not contributing much to on-going debates policy and programming debates on how to improve and enhance business productivity and employee welfare (ILO), (2004) [2]

The study, a management practice audit, was motivated by a desire to explore, validate and authenticate the above assertion with a view to either confirming or rejecting a hypothetical proposition that Zimbabwean workplace HIV and AIDS interventions are weak, under-developed and not strategically managed.

2. Research design elements:

The ultimate goal (aim or purpose) of the study is to contribute to policy and programming improvements that strengthen, develop and ground workplace HIV and AIDS interventions. The study primarily seeks to realize academic objectives (knowledge generation, theory analysis, development, improvement and formulation). The study's secondary aim is provoking and supporting practice enrichment and improvement by providing empirical evidence that may influence

current and future debates, practice reviews and policy planning by practitioners (programme stakeholders) including managers, employees, government, scholars and partners. While the study has a narrow geographical focus, Zimbabwe Stock Exchange listed Companies in Harare Province, its findings and recommendations have broader application and relevance.

The study was deliberately designed to address twinning (dual) goals or satisfying both primary and secondary project objectives namely academic advancement and practice improvement by contributing to knowledge generation (support theory refinement and development) as well as practice enrichment (improving the management and administration of workplace HIV interventions). The study sought to fill some identified knowledge gaps in the existing literature especially emphasizing the need for businesses to balance economic and social considerations when evaluating the strategic value of employee welfare support schemes. Also, the study was undertaken against a backdrop of growing consensus among Human Rights and Trade Union activities across the globe that employers need to do more for their employees especially considering the huge business profits now recorded as a result of globalized markets. The Zimbabwe Congress of Trade Unions (ZCTU), an apex organization of organized labor in the country, for example, has of late been aggressively advocating for the mainstreaming of HIV as a purely business case requiring upgraded status as a collective bargaining rather than social responsibility issue in the world of work. Empirical studies are now increasing becoming powerful sources of collective

bargaining power and it is this reality that improves the utility of this study

The multi-dimensional nature of the exploratory study required a broad-based scope highlighting the following as key thematic focus issues: assessing employer motivation (pull and push factors) in implementing workplace HIV interventions; determining the extent to which Company workplace HIV interventions complied with statutory regulatory frames, operational policy guidelines, regional and international conventions and good practice benchmark standards, establishing if there is Company senior management commitment to strengthening workplace HIV programming (programme enlargement, enrichment and institutionalization), appraising if workplace HIV interventions in Harare Province are integrated in grand corporate business plans. Other equally important study considerations included establishing if employers were significantly investing in raising workplace HIV policy awareness among their various stakeholders with a view of soliciting their active participation in the implementation of such programmes. The study further assessed the strength of collaborative partnerships (industry synergies) and explored if government provided sufficient incentives that encouragement Companies to scale- up workplace HIV interventions and develop industry leveraging synergies.

The field-based study explores the current state of workplace HIV and AIDS interventions in Zimbabwe Stock Exchange listed Companies based in Harare Metropolitan Province, an administrative area incorporating Harare and three other surrounding Local Authorities with a

cumulative total population of about 3 million people which according to the 2012 census is almost 20% of the national population. The study explores several employment related concepts and themes including: HIV costs to business, linkages between employee health and productivity, key tenets of employee wellness programmes, the home-work interface in the context of HIV and AIDS, harmonization of employee health schemes, safety programmes and welfare policy frames schemes, social responsibility versus collective bargaining, win-win (mutual employment contractual benefits) business strategies.

To facilitate in-depth appreciation of the anatomy, architecture and typology of workplace HIV interventions in Zimbabwe, a two-pronged research design was adopted. The empirical evidence required in the eclectic study design required fusion of practice audit inventory and appreciative inquiry methodologies. The investigative and inclusive study fused workplace HIV programming audit inventory and soliciting various evaluative inputs from a wide cross-section of key intervention stakeholders at micro (company) level including: senior management, policy administrators, program promoters and beneficiaries (policy-level managers, policy execution custodians, program focal persons, peer educators and employees respectively). The practice audit approach focused on programming designs and policy implementation modalities assessing effectiveness of corporate management practices in the sampled Companies while the appreciative inquiry focused on the various perspectives, opinions and viewpoints of significant workplace HIV and AIDS programming stakeholders. The

study combines workplace HIV and AIDS practice audit and appreciative inquiry by sampling diverse stakeholder inputs (views, opinions and perspectives) on some relevant, cardinal and topical programming issues focusing on showing how workplace HIV and AIDS programming interventions in Zimbabwe are generally organized, implemented, capacitated and supported.

A two-pronged approach was adopted for in-depth appreciation of workplace HIV interventions in the country. The study fused practice audit inventory and appreciative inquiry to establish the anatomy, architecture and typology of workplace HIV interventions in Zimbabwe. The practice audit approach focused on programme implementation modalities and corporate management practices in the sampled Companies while the appreciative inquiry focused on perspectives, opinions and viewpoints of significant workplace HIV and AIDS programming stakeholders including programme administrators, focal persons, peer educators and employees.

The grand purpose of the study is to contribute to on-going policy and practice debates on how workplace HIV and AIDS programming interventions in Zimbabwe could be improved and enhanced by investing in employee welfare, wellness and support schemes as integral corporate planning strategies. The study terms of reference, the research agenda, required broad-based assessment of the status of workplace HIV and AIDS programming interventions in ZSE-listed Companies in terms of their development, organization and effectiveness.

The study terms of reference (research project agenda) was shaped by the following specific objectives:

1. To explore the anatomy, architecture and typology of workplace HIV interventions in Harare
2. To determine factors influencing the success or failure of workplace HIV and AIDS in Harare
3. To establish what motivates business entities in Harare to implement workplace HIV interventions
4. To assess management commitment effect on workplace HIV programming effectiveness in Harare
5. To appraise linkages between Harare-based workplace HIV interventions and employee wellness

While the fundamental research questions required establishing whether Harare-based corporate planners view workplace HIV and AIDS interventions as a business case, equally significant influence on the study design was need to obtain evidence-based responses to ancillary questions including: What motivates corporate business entities in Harare Province to implement workplace HIV and AIDS interventions? What factors influence the success or failure of workplace HIV and AIDS in Zimbabwe? What management model is ideal for transforming employee welfare support schemes from corporate social responsibility sponsorship to strategic management function focused issue. The study hypothetical proposition is that workplace HIV and AIDS programming interventions in Zimbabwe are under-developed. The study terms of reference or research project agenda requires exploring

how workplace HIV interventions in the country are organized, managed, leveraged and promoted. The apparent weaknesses in Zimbabwean workplace HIV interventions are attributed to: poor disjointed policy frameworks, weak programming designs, management deficiencies, funding inadequacies and weak institutional arrangements. The exploratory study concluded that workplace HIV and AIDS interventions in Harare Province are fragmented, underfunded, uncoordinated, incapacitated and poorly monitored. The study recommended that workplace HIV and AIDS interventions be mainstreamed and integrated in corporate strategic planning models. A two-pronged approach fusing research practice audit and appreciative inquiry is adopted by the field-based research project.

3. Study methodological designs:

3.1 Philosophical approach of the study:

The study essentially embraced epistemological, empiricism, phenomenological and entomological philosophies as it sought to gauge informant knowledge attributes, lived realities, perceptions, experiences relied on both qualitative and quantitative research approaches. Study conclusions and recommendations were informed by empirical and corroborative evidence. The exhaustive and multi-dimensional nature of the exploratory study require fusion of both quantitative and qualitative research approaches since research interest is objective measurement and explaining the how and why of phenomena under investigation. The research design therefore emphasize balance, eclectic methodology, mixed approaches, triangulation of

techniques, hybrid procedures, integrated tools, response validation, cross-checking, meticulous and rigorous data collection processes to optimize the credibility and integrity of study findings.

3.2 Study population:

The population of interest to the study or units of study analysis were Companies listed on the Zimbabwe Stock Exchange (ZSE). The Companies were drawn from different sectors of the economy (manufacturing, mining, commerce, financial, technology, agriculture, transport and services). The common characteristics of the Companies identified as constituting the study population included: having some physical operational presence in Harare Metropolitan Province, currently registered and trading on the Zimbabwe Stock Exchange and having a staff complement of more than 100 people (permanent post holders across all grades-management, supervisors and employees). Study inclusion and exclusion criteria depended on whether corporate entities had the above outlined attributes with those business entities outside the given parameters were naturally left out of the study. The ZSE currently has a total of 75 listed local and international companies but only 50 Companies were considered for the study, this translate to a sample size that is 66.6% or 2/3 of the population universe. Though the sample size is big and representative enough, generalization of study findings is difficult due to inherent variations in the demographic attributes of the targeted Companies with respect to size, management style, resource capacities, sector and zonal location.

3.2 The study sample frame:

While the study population universe were Harare-based Companies listed on the Zimbabwe Stock Exchange, the sample frame was quite diverse, including Corporate Executives (senior policy and line managers), designated programme administrators, focal persons, peer educators and employees from the eligible (identified qualifying companies). Each eligible company provided a predetermined and specified sample quota (Chief Executive Officer and Human Resource Director/Manager/Officer representing the senior management informant category, designated officials acting as workplace HIV programme focal person, 5 elected/appointed peer educators per eligible worksite and 5 randomly selected company employees. To the extent possible, employee bio-data such as gender, position in the company hierarchy, age and educational levels were considered in the selection of sample elements). A broad-based population was preferred to accommodate divergent stakeholder opinions, viewpoints, perceptions and inputs. Though the population universe represented different workplace HIV programme stakeholder categories, each sampled Company was allocated a fixed (standard) quota of study informant in the form a senior management representative, a Human Resource practitioner, a workplace programme focal person, 3 peer educators and 5 employees, giving a uniform standard of 11 informants per drawn Company

3.4 Study sampling techniques and procedures:

The study adopted purposive sampling technique to identify both primary and secondary informants, programme senior managers and stakeholders

respectively. Chief Executive Officer were included in the study sample on the basis that they are ultimately responsible and accountable for the overall policy making, resource commitment, corporate culture and strategic leadership. Human Resource practitioners were included in the sample frame because of the significant role in managing and administering the personnel function while programme focal persons were deemed necessary in the sample frame due their integral and pivotal responsibilities in coordinating, motivating, energizing and administration of programming daily activities. Peer Educators were included in the sample on the basis of their de-facto shop-floor mobilization, promotion, education and role modeling responsibilities while employees were drawn in the sample mainly as programme beneficiaries, customers, consumers and participants.

The study sample frame comprised a wide cross-section of carefully selected respondents at Company level. Use of different categories of study informants including Corporate Executives (senior or policy-level managers), workplace HIV and AIDS programme focal persons (administrators and coordinators), peer educators (extension workers educating other employees) and employees (beneficiaries of workplace HIV interventions) was preferred so as to enrich and validate management responses or inputs. Categorization of study informants ensured that diverse opinions and perspectives were captured to enrich the study (adoption of purposeful informant selection criteria allowed quality assurance through segmented coverage of specific thematic focus aspects of the study). The overall sample size determined sample

elements drawn from each informant category but the critical consideration was sufficient representation of the population universe in order to allow generalization of study findings.

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3.5 Study measurement variables:

The study had different variable categories. Workplace HIV and AIDS programming interventions effectiveness was an independent study variable while dependent study variables included the

following: employer motivation, policy-standards compliance, management commitment, integrated business plans, policy awareness, active employee involvement, strategic collaborative partnerships, programme enlargement and enrichment, government incentives harmonized policies, leveraging synergies, institutional strengthening and funding adequacy. Intervening study variables included: business operating climate, management philosophy, employee productivity, policy integration and intervention harmonization (employee health and welfare conditions).

3.6 Data collection instruments and tools:

The study instruments covered a wide range of parametric issues assessing informant perceptions, opinions, experiences and expectations on workplace policy designs and programming interventions, processes, outputs, outcomes, structures, linkages and behaviors. Variety in the design of all data collection instruments facilitated that study variable measurements were done at nominal, ordinal, interval and ratio levels to ensure study completeness and comprehensiveness. Various categories of study respondents were asked general and specific questions requiring bi-polar, coded, ranking, likert scale, sentence completion, closed and open-ended responses.

3.7 Data collection methods:

The study used an assortment of data collection methods in a complimentary manner and these included: one on one face interviews, surveys, focus group discussions, field observations, content analysis, desk and case studies. Data collection tools used during fieldwork

included: self-administered questionnaires, recording equipment, diary reflections and event notes. The study used a number of data collection methods in order to cross-check, enrich, validate and balance the data mining processes.

The dialectic and exhaustive nature of the study required mixed methodological designs combining quantitative and qualitative research philosophies and hybrid fieldwork (data collection) techniques in order to optimize balanced designs and minimize content/construct induced biases through in-built response cross-checking and integrity validation mechanisms deemed necessary in exploratory survey studies focusing on respondents lived realities, experiential reflections and sensitive practice issues. Triangulation and fusion of research approaches, informants, methods, techniques, sampling procedures, data gathering instruments, data analysis tools and data presentation formats was a preferred study enrichment strategy. Anthropological and eclectic research approaches were adopted to facilitate extrapolation of both concrete and discrete types of information.

3.8 Study validity and reliability issues:

Data collection instruments were designed to meet two fundamental requirements of scientific research namely reliability and validity (deliberate efforts taken by the researcher to ensure that the research tools measure exactly what they are intended to and always elicits consistent and reliable data under the same conditions regardless of who administers them, where and when). These key quality assurance aspects of the study were realized through a number of conscious and deliberate actions

including: pre-testing draft instruments with a cross-section of proto-type informants not included in the study sample, requesting expert validation inputs and subjecting key tool items to relevant statistical tests, in-built design mechanisms to cross-check, validate and verify responses.

3.9 Field work-data collection procedures:

Data collection was systematical and procedural done as part of the rigor, meticulous and phased protocols associated with most social and management research assignments. The entry point to any participating Company was through the most senior office available at the time the first project sensitization contact was made (usually the Chief Executive Officer or any delegated member of the senior management team). Once Company voluntary participation in the project was secured in written form or signed informed consent form, direct liaison was then made with appropriate informants. Part of the fieldwork protocol was engage the project purpose (agenda), explain the process and expectations, assure informants on confidentiality commitment and answering relevant informant questions or referring to appropriate offices any queries as part of a strategy of establishing rapport with all stakeholders. One on one briefing contact meetings/interviews with senior management and focus group discussion sessions with mixed Company level programme stakeholders were scheduled and communicated in advance so as to ensure informants prepare adequately for purposeful face to face interactions. Questioners were self-administered and were accompanied by clear self-explanatory introductory letters as well as self-directed

process instructions spelling out the expectations.

3.10 Data processing and quality assurance:

Quality assurance was practiced at every stage of the research project including: study designing, tool development and improvement, fieldwork (data mining), response coding, checking for questionnaire completeness, data pruning, handling (storage) of collected data, data capturing and computer input processing, meticulous attention to detail at every stage

3.11 Data analysis frameworks:

The study used cluster themes to analyze, interpret and give meaning to quantitative data while numerical and statistical (numerical) computations were used to analyze qualitative data. Data interpretation, response analysis, trend analysis, variance analysis

3.12 Study ethical considerations:

Researcher fieldwork behavior was guided by a strict professional and ethical code of conduct upholding the following fundamental virtues, values and principles: informant consent and protection from personal harm, confidentiality, full disclosure, mutual respect, trust, honesty, truthful, sincerity, morality, integrity, meeting academic requirements with respect to plagiarism (acknowledging the work and inputs of other scholars), compliance with scientific community standards and upholding code of practice/conduct, field professional conduct, manipulation of results (honesty/study integrity). Satisfying these

and other cardinal field-based research ethical requirements were deemed quite essential in earning informant confidence

3.13 Limitations of the study methodology:

Some of the methodological limitations and challenges of the study include:

- Findings may not be generalized due to several factors including heterogeneous sample attributes
- The units of analysis of the study are not representative of the population universe-case differences
- Over-reliance on self-reporting responses that are often prone to subjectivity, bias and design errors
- Informant selection and categorization is not based on clearly defined inclusion-exclusion criterion
- In-built process validation mechanisms, universality, replication and generalization hard to guarantee

The exhaustive and multi-dimensional nature of the exploratory study required fusion of both quantitative and qualitative research approaches since research interest is objective measurement and explaining the how and why of phenomena under investigation. The research design therefore emphasized balance, eclectic methodology, mixed approaches, triangulation of techniques, hybrid procedures, integrated tools, response validation, cross-checking, meticulous and rigorous data collection

processes to optimize the credibility and integrity of study findings.

Study quality assurance was strengthened by fusing research conventions, eclectic methodological designs, triangulation of complimenting research approaches, informants, sampling techniques, data collection methods, data analysis and presentation frameworks. The study was further strengthened through: combined use of primary and secondary data sources for rich data, comparative and validated responses; effective use of empirical and corroborating evidence to support key arguments Study conclusions were reached using both deductive and inductive approaches that rely on logical and normative reasoning and were informed by empirical and corroborative evidence

To establish (ascertain) the state of workplace HIV and AIDS programming interventions in Zimbabwe multi-dimensional knowledge, attitudes, behavior and practice (KABP) variables were considered in designing diverse but complimentary data gathering instruments including self-administered questionnaires, structured interview schedules, mixed focus group discussions and , unobtrusive studies including content analysis and passive field observations checklists. Meticulous fieldwork planning was done to ensure administrative and logistical prudence compliment strict adherence to high research ethical standards, professional conduct and good practice protocols were done as quality assurance and informant confidence-boosting measures. Creating conducive/enabling interview environments, establishing rapport with all study stakeholders, effective follow-up and interpersonal skills, providing convincing

explanations of study purpose and processes, rigorous research, commitment to nurturing trusting relationships, confidential data handling procedures were all essential researcher-attributes that contributed to successful and effective fieldwork.

Self-administered questionnaires were distributed and collected through researcher personal hand-deliveries/collections and both electronic and postal mail. One to one interviews were held under closed-door office conditions at interviewee premises. Prior-interviews appointments and content briefs were done by the researcher during preparatory (appointment fixing) engagements enable adequate interviewee preparations. Focus group discussions were facilitated at fairly open workplace venues. Mixed group participants were selected on the basis of sex, age, status and hierarchy variable considerations.

4. The conceptual and theoretical boundaries of the study:

4.1 Conceptual frameworks of the study:

Some of the key conceptual constructs of the study include: employee welfare, wellness, health, morale, support, longevity, development and productivity. The study views workplace HIV interventions as holistic, integrated and cohesive programming processes requiring senior management commitment, leveraging synergies, high prioritization in the deployment of corporate resources, institutional and capacity strengthening, balancing individual and corporate interests (mutual beneficiation), participatory and empowering approaches as well as home-work interface enrichment.

Some fundamental employee concerns and interests when they are infected and affected by HIV and AIDS are regarded as including job security (stable income), ability to continue functioning independently and profitably as before, retaining human dignity and sanctity (basic and secondary rights), not being discriminated against and stigmatized, having comprehensive health insurance schemes covering self and significant others, accessing sufficient psycho-social support from all relevant sources (workplace, community and family) and eligibility for consideration for flexible working conditions accommodative and adjustable to employee health capacities

Some of the critical management elements and administration aspects in the implementation of workplace HIV interventions include policy and strategy formulation, structural designs, institutional arrangements, priority setting, performance measurement, quality assurance, tactical planning, operational prudence, benchmark practice standards and collaborative partnerships.

4.2 Theoretical frameworks underlying the study:

Some of the key study anchoring theories relate to issues around:

- Strategic Human Resource management model
- Integrated employee health, safety and welfare models
- Staff welfare wellness effect on employee morale, motivation, loyalty and productivity
- Relationship between employee support schemes and essential business bottom figures

- Linkages between workplace HIV actions and healthy industrial relations,
- Correlation between corporate social responsibility and company profitability
- Home-work interface in the context of workplace HIV and AIDS outreach services

4.3 Study critical focus concepts and issues:

Some of the critical issues considered in the study include the following:

- Employer profitability, corporate image, social responsibility and operational prudence
- Employee health, safety, wellness, welfare support, longevity, morale, motivation and productivity
- Social capital investment, strategic market positioning, cut recruitment and retraining costs
- Policy awareness, compliance, interpretation, implementation, integration and cohesion
- Healthy industrial relations, collective bargaining, solidarity and cost-benefit analysis
- Public private partnerships, leveraging synergies, strategic collaborative partnerships and networks
- Mutual contractual obligations and benefits, home-work interface enrichment and community support
- Workplace HIV and AIDS programming interventions financing, programming, developing and scaling-up

- Mitigation national disaster threatening to decimate the most economically productive population segment
- Workplace HIV interventions seek to contain employee recruitment, retraining and welfare related costs
- Business entities augmenting (supplementing) public sector initiated and supported HIV activities

4.4 Study key focus themes and issues:

The study recognizes and underscores the significance of workplace HIV interventions upholding and assimilating fundamental values and principles enshrined in International Labor Organization (ILO) employment contract standards stipulating respective rights and obligations of contracting parties-employers and employees; Southern Africa Development Community (SADC) workplace HIV conventions and code of practice; Zimbabwean Labor laws and regulations including Statutory Instrument 202 policy frames as well as Zimbabwe Business Council on AIDS (ZBCA) workplace HIV programming guidelines (implementation framework).

Underlying all the above workplace HIV and AIDS programme governing tools and execution instruments are universal practice principles discouraging employee stigma and discrimination, promoting corporate social responsibility, company profitability through employee productivity, programming actions cost implications, harmonized employment and workplace policies, enriching the home-work interface, employee and organizational wellness, mutual programming benefits, healthy

industrial relations climate, caring employer, employee morale and loyalty

4.5 Mapping of key study management concepts:

Some of the key management concepts anchoring the study include the following:

- Integrated employee welfare support schemes, health, wellness, productivity and longevity
- Corporate social responsibility, internal customers and win-win employment relationships
- Management responsiveness, sensitivity, flexibility and environmental adaptation
- Management commitment, employee active participation and right government incentives
- Collaborative partnerships, leveraging synergies and institutional strengthening
- Embedded/integrated operational systems, holistic viewpoints and cohesive business plans
- Programming enlargement, enrichment, tracking, scaling-up and diversification
- Policy research, advocacy, development, compliance, review and improvement

4.6 Fundamental requirements for effective workplace HIV and AIDS programmes:

Policy awareness, management commitment, operational capacities, resource prioritization/availability, mainstreaming and integration activities, leveraging synergies, supporting institutions, enabling policy frames,

integrated programming monitoring and valuation systems, sufficient government incentives

4.7 Some common employee fears, anxieties and concerns of living with HIV and AIDs:

- Loss of livelihoods, job security and stable family income
- Subjected to stigma and discrimination
- Chronic health challenges
- Awareness of essential supporting services
- Compromised human rights and dignity
- Ill-health stress and anxieties
- Living with guilty, self-blame and victim mentality (psychological conditions)
- Access to psycho-social support services
- Disrupted career, ambitions , premature dreams
- Fear of the unknown, becoming incapacitated, dependent and unproductive
- Ill-prepared for requisite, inevitable and necessary career and social adjustments

5. Study findings:

5.1 Descriptive statistics:

Informant responses by category segment attributes

- 66.67% of Senior Managers felt their Companies did not have requisite technical skills
- 88% of Human Resource Managers were of the opinion that WPHA is a business case

- 96.67% of WPHA Focal Persons felt that the program is better administered under HR
- 78.91% of employees living with AIDS felt that WPHA is a collective bargaining issue
- 95.92% of Peer Educators felt that more time is needed for program shop floor activities 67.67% of Companies trading on the Zimbabwe Stock Exchange are ZBCA members
- 16.67% of Companies with workplace programmes supported all key program elements
- 36.67% of workplace programmes had incremental budget allocations since inception
- 6.67% of National Employment Councils (Industries) negotiated HIV support levels
- 42.86% of senior managers viewed workplace HIV interventions as non-core business

Comparative study results:

- 86.67% of employers where policy awareness is high program efficacy is reportedly high
- 73.33% of employers with comprehensive program interventions are positively rated
- 93.33% of employers with some incremental budgetary support reported high staff moral
- 83.67% of employers with active senior management involvement/support had good CSR
- 76.7% of employers with integrated program components have stable industrial relations

Realities of workplace HIV programming in contemporary Zimbabwe:

- 43.33% Companies offer both on and off-site workplace HIV programming activities under the broad thematic focus areas of prevention, care, treatment and support.
- 25.17% of company employees know their HIV status (concentration on low-cost interventions-prevention and not life-long support commitment like ART initiation)
- 12.92% of Companies currently listed on the Zimbabwe Stock Exchange have developed workplace HIV policies and programmes
- 34.01% of employers in the study sample have comprehensive workplace HIV and AIDS programmes incorporating all the major activity components outlined in the National Strategic Thematic frames (prevention, care, mitigation, treatment, community outreach)
- 91.163% of employees in the study sample were not aware of their HIV status
- 71.43% of sampled Human Resource Managers acknowledge that workplace HIV and AIDS interventions should compliment public sector driven interventions across prevention, mitigation, care, treatment, psycho-social support thematic focus areas.
- 90.48% of Company senior managers in the study are of the opinion that NATF is not benefiting

workplace HIV and AIDS programming interventions

- 76.83% of Companies in the study sample do not have incremental workplace HIV budgets
- 93.33% of programme focal persons were skeptical of workplace HIV sustainability
- 83.67% of peer educators rated their workplace HIV interventions as generally ineffective

The picture painted by the above descriptive statistical suggest that despite the availability of numerous supporting policy instruments and regulatory frameworks , workplace HIV and AIDS programming interventions in Harare Metropolitan Province, housing the Zimbabwean administrative, commercial and political capital city, (Zimbabwe) these guiding and regulatory frames have not been sufficiently transformed into dynamic, robust , vibrant and strong programming interventions to facilitate and ground employee welfare, wellness, longevity, beneficitation. Workplace HIV interventions in Zimbabwe are generally marginalized, underfunded, limited in scope, characterized by low policy compliance rate, have limited employee policy unawareness, thin programming coverage, low employee appreciation, minimum beneficitation levels.

5.2 Summary highlights of key qualitative study findings:

Businesses may be reluctant to set up workplace HIV and AIDS programmes because managers feel they lack requisite resources, skills, support and links with appropriate programming communities. Workplace HIV interventions in the country

are limited in scope, of a short-term nature, fragmented, underdeveloped, under-funded and could benefit from clear and coherent national policies, resource pooling, leveraging synergies and collaborative partnerships with other actors in both public and civic sectors.

- Programme quality compromised by social responsibility label and poor monitoring
- Programme viability adversely affected by poor national economic performance
- Programme guiding policy silently resisted (protest for unilateral government imposition)
- Programme effectiveness restricted by funding, integration and capacity constraints
- Programme intervention designs not comprehensive, holistic and complete (fragmented)
- Programme fundamental values and principles have been compromised in practice for example, stigma and discrimination still manifest in diverse overt ways
- Programme is given low priority in the allocation of operational resources largely due to a convenient employer conception viewing interventions as a privilege rather than a right
- Programme content and design standards are not standardized even in the same industry because those with coordination mandate lack monitoring and evaluation capacities
- Programme inherent weaknesses are related to funding challenges,

fragmented designs, weak institutional linkages,

The study analyzed some of the critical success factors in managing workplace HIV and AIDS programming interventions and identified the following as requisite considerations:

Policy harmonization, integrated programming, leveraging synergies, management commitment, resource prioritization, mutual beneficitation, employee involvement (participation), employer incentives, benchmarked practices, standards compliance. The study further noted the significance of adopting Mckensy's **9 S** model to organizational development (institutional strengthening) that emphasize need for the right mix of the following management engineering attributes: structure, strategies, systems, shared values, subordinate goals, leadership styles, relevant skills, leveraging synergies and benchmark standards.

5.3 Employer motivation for workplace HIV and AIDS programmes:

Pull factors	Push factors
Healthy, loyal, motivated and productive staff	Compliance with Government regulations
Perceived as responsible and caring employer	Avoiding high recruitment and training costs
Enriched social responsibility-capital portfolio	Peer (industry) pressure-collective bargaining
Multiple benefits of applying wellness concept	Dented corporate image-unresponsive/uncaring
Government Tax concessions	Market resistance (strong consumer

consideration	lobbying)
Positive market rating (targeted advocacy)	Difficult industrial relations climate-unionism
Integrated and comprehensive health assurance	Keep abreast with ILO labour conventions
Prevention better than curing-manpower plans	Threats of volatile labour market-restless staff
Organizational stability-workforce-retain skills	Powerful trade unions-silence many demands
Safeguard business interests-heavy investments	Health and safety growing serious Rights issue

5.4 Key research questions answered:

- **Do companies acknowledge and respond to HIV and AIDS as a business or workplace issue?**-negative effects on business apparent, dilemma is cost-benefit analysis, packaged as social responsibility augmenting public interventions, double contribution/dipping-levy and own funding
- **How are workplace HIV and AIDS programs organized?**-SI framework, ZBCA guidelines, HR location,, senior management commitment, balanced and comprehensive, some aspects contracted out, periphery (non-core business), skill deficiencies, weak institutions
- **What motivates companies to adopt workplace HIV and AIDS programs?**-compliance need, care and concern for employee wellness,

selfish benefits (business strategy), public relations (perception management) , stable industrial relations, social responsibility

- **What is the current status of workplace employee wellness interventions?**-under-funded, under-developed, fragmented, active employee involvement on some design aspects, limited partnership scope, poor monitoring and evaluation mechanisms

5.5 An evaluative appraisal matrix of Zimbabwean workplace interventions:

Policy/progr mming element	Program ming strengths	Policy/pro gram weakness
Preventing new infections	Comprehe nsive coverage	Underfunde d interventio ns
Support ART regimes	Integrated responses	Insufficient resident skills
Support nutritional therapies	Harmonize d strategies	Contract out activities-control
Provide psycho-social support	Collaborati on partnership s	Low priority-commitmen t
Treat opportunistic infections	Experience sharing platforms	Poor policy enforcement
Support knowing HIV status	Industry-wide support mechanisms	Economic risks vulnerability
Access medical	Benchmar	Supermark

assurance	ked standards	et approach-balance
Fight stigma & discrimination	Document ed good practices	Adequacy of good incentives
Stress management/reduction	Blend on and off site actions	Perception of imposed policy
Encourage healthy life style	Broader training investments	Prescribed policy frame
Employment rights protection	IEC and condom availability	Double dipping-levy inaccessible
Promotion of longevity	Harmonize d with health-safety	Skewed focus on low-cost
Access to information-advice	Awareness raising prioritized	
Improve home-work interface		

5.6 Discussion of some key study findings:

Some notable constraints inhibiting the grounding of workplace HIV interventions in Zimbabwe lie in inherent weaknesses in the business landscape (polluted political, economic, social, legal and technological and environment characterized by inflation, unemployment and weak institutions.

- Senior management commitment and involvement is a vital building block for strong work-place HIV and AIDS programming interventions

- Government of Zimbabwe need to incentivize those employers burdened with workplace HIV and employee wellness programmees through tax rebates and direct funding support
- Inherent weaknesses in most of workplace HIV and AIDS programming interventions in Harare Province is a reflection of a non-performing national economy that has adversely affected company performance, business profitability and sector viability in the economy.
- One possible outcome of strong labor union advocacy includes making working HIV and wellness programming interventions enforceable employee constitutional rights
- One of the current policy debate on strategic corporate planning in centers on establishing whether workplace HIV and wellness programming interventions are motivated by employer social responsibility portfolio orientation or rational business decisions
- While most Zimbabwean companies acknowledge and respond to HIV and AIDS as a workplace issue, the workplace HIV and employee wellness interventions are not comprehensive and integrated. The perception that HIV/AIDS was not a priority business issue was the major factor hindering the adoption of HIV/AIDS workplace policies
- The apparent weaknesses in Zimbabwean workplace HIV interventions are attributed to many complex factors including: poor disjointed policy frameworks, weak

programming designs, management deficiencies, funding inadequacies and weak institutional arrangements.

- Employee loyalty and motivation is triggered by perception that employer is socially responsible, caring, fair, responsive, supportive, balancing corporate and individual interests. Studies on employee loyalty have shown that employees get more committed to providing long dedicated service to employers with a caring culture, good reputation and genuinely interested in staff welfare, dignity, longevity, wellness, mutual and productive relationships.
- Employee productivity is associated with longevity, healthy and enabling conditions of service, heightened staff morale, skills optimization, appropriate employee placement, adaptive and flexible work schedules, retaining institutional memory through skilled and experienced workers
- Employee total health incorporate mental, physical and emotional wellness components (peace of mind or stress-free knowing that their medical assurance is guaranteed, job security is assured, they are not stigmatized and discriminated against by their employers and peer work mates), treatment and nutrition therapies opportunities will be available, affordable and accessible when needed both by self and immediate family members through enrichment of the home-work interface
- Some key issues from analysis of emerging study data patterns,

corroborating evidence from other studies, case studies, observed emerging data trends, practice audit results, literature review and theoretical considerations suggest that essential attributes and requirement of effective workplace HIV and wellness programs include: senior management commitment, broad-based and sustainable funding, institutionalized support mechanisms and infrastructure, leveraging synergies and collaborative partnerships, policy harmonization, integration and mainstreaming of programming interventions at all corporate levels,

6. Study summary findings:

The study general observation and conclusion that Zimbabwean workplace HIV and AIDS interventions are generally weak, uncoordinated and under-developed was influenced by both empirical and corroborative evidence. Seventy eight percent (78%) of the companies in Harare Metropolitan Province were not implementing the HIV and AIDS workplace programme. Twenty nine percent (29%) of the companies had an HIV and AIDS workplace policy frame while eighty one percent (81%) were aware of the HIV and AIDS workplace programme and 62% were aware of the Statutory Instrument (SI) 202 of 1998 which compels companies to initiate comprehensive HIV and AIDS workplace programmes. Factors associated with non-implementation of comprehensive HIV and AIDS programming interventions in most Companies included: limited support from top management; having no HIV and AIDS workplace focal person; absence of a specific budget for HIV and

AIDS program support; low priority given to workplace HIV and AIDS programming in the deployment of corporate resources as well as limited internal technical capacities for some programming aspects.

Various cause-effect explanations may be proffered as key study findings are analyzed. The conclusions may be attributed to following inherent weaknesses in the design, organization, implementation and management aspects of the workplace HIV and AIDS programming interventions:

- General perception was that HIV and AIDS is not a priority business issue requiring deep and long-term financial commitment at a time most business struggle just to survive
- Invisible Government incentives to encourage long-term investment in workplace HIV and AIDS programming impacts (unlock business interest in improving employee welfare)
- Limited staff participation and influence in managing workplace interventions-workplace HIV and AIDS interventions are largely not a collective bargaining but prescribed issue
- Fragmented employee welfare legislation. The many regulatory frameworks governing employment contracts and employee welfare are administered by different State Agencies
- Lack of top management commitment and support (low priority in resource deployment) limited technical expertise available in business corporations
- Lack of financial resources (workplace HIV interventions budgets are very low-meager)
- Workplace HIV programming resources are thinly spread for visible interventions impacts
- Lack of awareness of other company responses (limited experience sharing platforms)
- Rising unemployment, liberalization and underperforming national economy weakened labor bargaining powers as trade unionism no longer demand all employee benefits
- National Employment Councils and Workers' Committees calls for the scaling up of workplace HIV and AIDS interventions have largely been ignored by struggling businesses
- Apparent limited top management commitment to integrating workplace HIV programming support has undermined efforts to upgrade prioritization of employee welfare schemes
- Technical components of workplace HIV programming like treatment and psycho-social support require expert skills that ordinarily are not found in abundance in business set-ups
- Workplace HIV and AIDS interventions have not being regarded as a business priority issue because antiretroviral therapy requires life-long financial commitment-ARVs for life

7. Study summary conclusions:

The exploratory study concluded that workplace HIV and AIDS interventions

in Harare Province are fragmented, underfunded, uncoordinated, incapacitated and poorly monitored.

Since inception, the Zimbabwean workplace HIV and AIDS interventions experienced numerous programming challenges including inadequate funding (low priority in the deployment of resources), and inherent institutional weaknesses. The workplace HIV programme has had a turbulent beginning since it was rolled out at a time the country and national economy experienced unprecedented social transformations, economic melt-down and political hostilities. The country's ravaging HIV epidemic threatening to decimate its most productive population segment (people in the 25 to 49 age group) was compounded with a declining economy characterized by too many struggling business entities, restless labor market and failing public service (paralyzed social service provision) and a polarized society.

The majority of private sector enterprises in Harare province were not implementing the workplace HIV programme and few companies had requisite supporting policy frames. Factors associated with shambolic implementation of the HIV and AIDS workplace programme in Harare province were many and varied but all highlighting the essence of having unquestionable programme support from top management, workplace HIV and AIDS focal persons at company level, companies having specified stand-alone budgets for HIV and AIDS activities and expanded employee support schemes beyond subscribing to medical aid schemes covering HIV related expenses.

Workplace HIV and AIDS need to be viewed in the context of rising popularity of rights-based labor administration, increasing influence of organized labor in collective bargaining, growing market demands for significant corporate social responses; emerging trends suggesting move towards highly regulated employment contracts and monitored compliance with benchmarked international or global practice standards, inclination towards integrated policy and programming interventions. Taking a bigger and broader picture helps to contextualize and align workplace HIV and AIDS programming in relation to current social, economic, political and technological realities of the country.

Although contemporary management discourse emphasize an enveloping approach that underline integrated monitoring and evaluation, performance measurement, multi-disciplinary team efforts, strategic and leveraging synergies. Management of workplace HIV and AIDS programming interventions in Zimbabwe could therefore be enhanced by incorporating modern business concepts

Some of the essential attributes and critical requirements for effective workplace HIV and wellness programmes include: senior management commitment, broad-based and sustainable funding, institutionalized support mechanisms and infrastructure, leveraging synergies and collaborative partnerships, policy harmonization, integration and mainstreaming of programming interventions at all organizational levels.

8. Study summary recommendations:

The study recommended that workplace HIV and AIDS interventions be mainstreamed and integrated in corporate strategic planning models. An overview summary of study recommendations is outlined below:

- Employer investment decisions on employee wellness interventions need to be informed and supported by cost-benefit analysis-make social support interventions a business issue
- Workplace HIV and wellness programming interventions need to be collectively bargained for just like many other employment terms and conditions that are enforceable
- Multiple funding mechanisms/sources
- Organization and coordination mechanisms
- Collaborative partnerships/alliances/networks
- Diverse applications/services(practice portfolios)
- Integration in structures, budgets and plans
- Capacity strengthening through training, technology harnessing, supporting infrastructure
- Management commitment and involvement (success requisite)
- Mainstreaming key thematic issues in corporate planning models
- Embrace continuous learning and quality improvement (research and development ethos)
- Utilize and share good practices (active/enriched knowledge generation & consumption)

- Technologize and modernize information and measurement processes (upgrade methods)
- Prioritize, merge and embed with existing activities, structures and strategies
- Incorporate agenda in mission/vision statements, strategic plans and operational budgets
- Indigenize, localize, domesticate, customize (adapt-go native-anthropological approach)
- Leverage/synergize to redress inherent programming weaknesses
- Ground as organizational culture (overarch values, beliefs, norms, customs & traditions)
- Promote visibility, market programming benefits and promote collective responsibility
- Decentralize decisions for active participation, collective ownership and holistic inputs
- Transfer skills, empower beneficiaries and strengthen grassroots institutions
- Create enabling/conducive environment (supportive policy frames, protocols, incentives)
- Establish collaborative partnerships, synergies and alliances across sectors

9. Reflections on study findings:

Workplace HIV and AIDS programmes are most effective when their planning and monitoring processes involve representatives from a wide range stakeholders and sectors. Integrated workplace policies holistically address issues of occupational health, employee motivation and productivity. However, active employee participation in such

programs is often constricted and stifled because essential policy and program documents in most employer organizations are not always available to all the workers and where this is not the case it is not always that policy contents are exhaustively explained or effectively communicated to all the workers.

Some of the fundamental constraints and practical limitations to developing sustainable workplace HIV interventions in Zimbabwe include: long-term funding requirements (seen as endless pity), social responsibility label (excluded from collective bargaining), incoherent policy frames (inconsistence), effect of non-performing economy on business profitability-program feasibility affected by company bottom line figures, high unemployment levels putting pressure on employers to off-load old and sickly in order to accommodate young and energetic people.

Critical foundations of successful and vibrant workplace HIV and AIDS interventions require collective policy ownership (wide consultations) in order to increase employer commitment. Participatory programme management improves employee awareness. Policy development needs to be supported by sustainable resourcing mechanisms, responsive to business (employer) concern on program reducing effect on business bottom-line figures. Tripartite social partnerships contracts involving Government, Capital and Labour need appropriate regulatory frameworks.

While Zimbabwean workplace HIV and AIDS programming interventions are sufficiently grounded in diverse but

complimentary policy frames and guidelines (SI 202 of 1998, ILO guideline, ZBCA protocols and NAC policy guidelines), they have remained underdeveloped because of weak enforcement and follow-ups by responsible government policy authorities and management is just poor

10. Implications of study findings:

- Advocacy incorporated in workplace HIV programming (NATF support disbursements)
- Harmonization of workplace HIV and employee safety and welfare policies/interventions
- Mainstreaming and integration of workplace HIV and employee wellness interventions
- Re-engineering workplace HIV strategies and re-packaging, resource priorities
- Scholarly interest and multidisciplinary research initiatives to enrich theory and practice
- Further capacity investments in social capital commitment and corporate responsibility programmes

11 Areas recommended for future research:

The study recommends that future researchers wishing to build on its findings may consider investigating the following aspects which though related to this study, require would benefit from more focused studies seeking to establish:

- What is the effect of ISO certification stringent monitoring requirements on workplace wellness interventions?

- How could Business (profit-motivated) entities engage powerful trade unions and strong consumer movements, rights-based advocates in strategic social partnership platforms in order to pro-actively negotiate and persuade them to avoid possibilities of confrontation, militancy, manipulation and mercenary tactics at collective bargaining techniques that are known to be counter-productive, retrogressive and compromising stockholder profit-optimization interests?
- How could workplace HIV and AIDS and employee wellness programming interventions, largely seen as social beneficiation employee support schemes, be effectively integrated incorporated in business planning models requiring cost-containment and management control?
- What is the significance or contribution of WPHA as an alternative, viable and sustainable business strategy in view of the fact that most employee support schemes have the long-term reducing effects (sustainability of WPHA programme as an economic liability)?
- Are business leaders genuinely interested in employee welfare (are WPHA interventions motivated by economically calculated choices or they are undertaken in policy compliance)?

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